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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/909,382	07/20/2001	Charles E. Palumbo II	33-99 CIP



Joseph E. Chovanes
2027 Locust Street
Philadelphia, PA 19103

CONFIRMATION NO. 1730
FORMALITIES LETTER



OC000000006396853

Date Mailed: 08/08/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

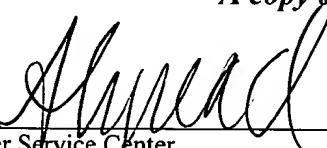
FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 65.**

*A copy of this notice **MUST** be returned with the reply.*


Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

08/13/2002 10000053 09909382

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FEB 08 2002

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Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/909,382
		Filing Date	July 20, 2001
		First Named Inventor	PALUMBO, II
		Group Art Unit	2859
		Examiner Name	NOT YET ASSIGNED
Total Number of Pages in this Submission		Attorney Docket Number	33-99 CIP

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers/Recordation Cover Sheet (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) (37 CFR 1.84)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below): (1) POSTCARD RECEIPT
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)_____	
<input checked="" type="checkbox"/> Response to Notice re Missing Parts / Corrected Application Papers / Incomplete Application	<u>Remarks</u>	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

CUSTOMER NO.

Firm or Individual name	Joseph E. Chovanes (Registration No. 33,481)
Signature	
Date	February 8, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on February 8, 2002, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR § 1.10, Mailing Label Number EL891689712US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.

Typed or printed name	Karen M. Spina		
Signature		Date	February 8, 2002

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**FEE TRANSMITTAL
for FY 2001**

FEB 08 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 825**METHOD OF PAYMENT**

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account **50-0979**

Deposit Account Name

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed

- Check Credit Card Money Order
 Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description	
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)				\$	

2. EXTRA CLAIMS FEES

CLAIMS REMAINING AFTER AMENDMENT		Extra Claims	Fee from below	Fee Paid
Total Claims	- 20*	= 10	X 9 =	\$
Independent	- 3**	= 0	X 42 =	\$
Claims Multiple Independent		+ 140	=	\$

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				\$	

**or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730

Complete (if applicable)

Name (Print/Type)	Joseph E. Chovanes	Registration No. (Attorney/Agent)	33,481	Telephone	(215) 575-7000
Signature				Date	February 8, 2002